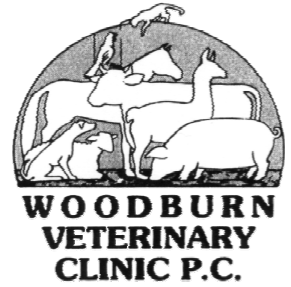


WELCOME TO OUR PRACTICE!

Thank you for giving us the opportunity to care for your pet.

Help us meet your needs by completing the important information below.
PLEASE PRINT



After you complete this form you can bring it with you to your appointment, save it and attach it to an email, or simply put in the mail.

Name _____ Spouse/Other _____
 Address _____ City _____ State _____ Zip _____
 Home Phone() _____ Cell Phone() _____ E-mail _____
 Employer _____ Title _____ Work Phone() _____
 Spouse Employer _____ Title _____ Work Phone() _____
 Can we contact you at work if necessary? Yes / No

How/Why Did You Select Us? _____

ESSENTIAL PET INFORMATION

PETS NAME	SPECIES	DESCRIPTION-BREED/COLOR	SEX	DOB	ALTERED Y/N	LAST VACCINATIONS

Have your pet(s) traveled out of the area? Y / N Where? _____

To prevent the spread of infectious diseases, all hospitalized and boarded patients must be current on all vaccines and free from internal and external parasites. If this level of preventive care needs to be administered, appropriate charges will be billed to your invoice.

Upon your request, we will gladly prepare a written estimate prior to any services or procedures given to your pet. This may be important to you since.

ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. (_____) *Initial Please*

In cases of extensive medical or surgical procedures, a deposit may be required before services are rendered. When full payment may be difficult at discharge, we do accept- MasterCard, Visa, Discover, or Care Credit.

I agree to pay any current or future expenses for medical care and/or boarding. This responsibility extends to any or all animals I admit for treatment now and in the future. If I fail to pay this account as agreed, I will be responsible for any service or collection costs that may be incurred.

Signature of Owner/Agent for Pet(s) _____ Date _____

Woodburn Veterinary Clinic, P.C.
 225 S. Pacific Hwy, Woodburn OR 97071
 Telephone 503-982-2421 • Fax 503-982-2425

Sequoia Veterinary Clinic
 195 S. Hazel Dell Way Ste D, Canby OR 97013
 Telephone 503-266-6090 • Fax 503-266-6091